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ABSTRACT

The Impact Evaluation Model (IEM) is designed to provide a sequence of steps and procedures which methodically leads to the assessment of the individualized educational plan for handicapped students. The document includes a description of the method, illustrations of its use, and selected examples of data gathering devices. Initial sections introduce the model, describe its purpose, provide instructions on using the IEM (along with an example which illustrates implementation), discuss modification of the model for other systems, and offer some notes on impact evaluation. Appendixes, which make up at least half the document, include sample evaluation forms, master forms for duplication, a list of regional task force members, and a bibliography. (SBH)

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ED184261

AN IMPACT EVALUATION MODEL

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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DES MOINES, IOWA

JUNE, 1979

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THE MRRC IMPACT EVALUATION MODEL

I. INTRODUCTION TO THE IMPACT EVALUATION MODEL

The Impact Evaluation Model (IEM) was developed to assist the Midwest Regional Resource Center (MRRC) in the assessment of the project's impact on the IEP process in the states in the Region. The purpose of this document is to provide information about the evaluation model, to facilitate its use by other organizations, especially state and local education agencies.

The IEM was developed by a task force composed of representatives of state and local education agencies and the MRRC. The model, goals, and procedures for evaluating impact were the result of group reaction to the materials gathered by the MRRC. Suggestions, modifications and variations in approaches were incorporated into the material until group concensus was achieved.

II. PURPOSE

The purpose of the IEM is to lead the user (presumed to be someone who has an event or activity to evaluate) through a structured procedure which will result in a clear and specific evaluation plan. It requires only that the evaluator can describe the activity to be evaluated in terms of four elements:

1) Who is to be changed (Parents, administrators, etc.)
2) In what way (Skills acquisition, attitudes, etc.)
3) By what means (Workshop, demonstration, etc.)
4) In what content area (Child appraisal, placement, etc.)

As the user works through the model, it may be necessary to obtain assistance in the collection and analysis of the data. However, with common sense and available resources, simple evaluation instruments can be prepared which will collect information necessary to find needed answers. An evaluation activity does not require a complex statistical analysis to be effective. Percentages, averages, frequency counts, and other simple, basic types of data summarizations can be effective in measuring impact. The level of analysis required is left to the user to match to his/her means, needs and level of expertise.

The remaining sections of this document will discuss how to use the evaluation model, and how it might be modified to fit other agencies' needs.

III. HOW TO USE THE EVALUATION MODEL

This model consists of three steps, represented by three forms: 1) A Conceptual Framework (grid); 2) Model Goal Statement; and 3) MRRC Evaluation Plan. They are used sequentially to lead the user from a known description of an activity

to a complete plan for evaluating that activity, either at the time it is conducted, or later, to assess its longer-range effects (impact).

With the following elements known:

1) Who is to be changed; 2) In what way; 3) By what means; and 4) In what content area, a Goal Statement can be assembled and an evaluation methodology constructed from choices given on the "MRRC Evaluation Plan" worksheet.

The "Conceptual Framework" (Figure 1) is used to locate the activity within the boundaries of the user's work area, by the coordinates along the top and left side of the grid. In the space where the three elements coincide (Workscope Elements, Service Delivery Modes, and Target Population), write in the type of change which is expected/desired, whether Awareness, Information, Skills, etc. This simply shows the point within your work area where you are conducting the activity.

MRRC IMPACT EVALUATION: A CONCEPTUAL FRAMEWORK

(Service Delivery Modes)

Workscope Elements	*	Training	Demonstration	Technical Assistance	Information, Dissemination
Child Appraisal	P A I S				
Development of the IEP	P A I S				
Placement	P A I S				
Implementation of the IEP	P A I S				
Evaluation of Child Performance	P A I S				
Review of the IEP	P A I S				

* Target Population: P = Parents
A = Administrators
I = Instructional staff/services
S = Supplementary staff

Figure 1.

The "Model Goal Statement" (Figure 2) allows the user to define the activity in terms of 1) Who is affected, 2) In what way, 3) By what means, and 4) In what content area.

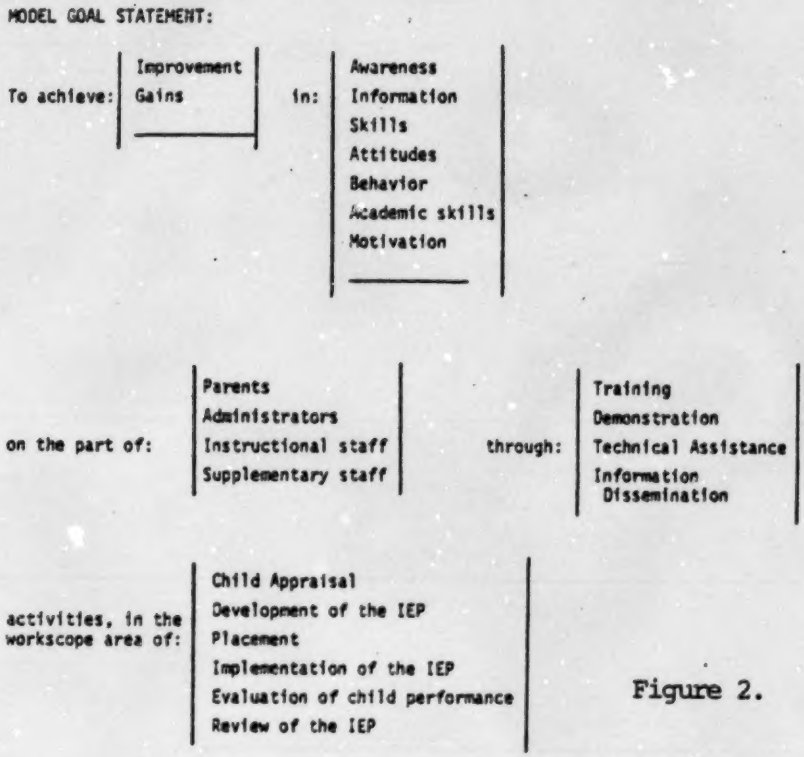

Figure 2.

On the "MRRC Evaluation Plan" (Figure 3), the Model Goal Statement is written in under the "Description" heading, to be a reference to the user as (s)he selects the items to be a part of the evaluation, from the four columns following. The "Process", "Content" and "Impact" notations in the EVALUATION TARGET column, are to designate which of these evaluation elements are being pursued in this particular plan. It is probably best to use one "Evaluation Plan" for each discrete part of the overall evaluation plan, to avoid the confusion of multiple selections, flow lines, etc. on a single chart.

USE OF THE MODEL: AN EXAMPLE

The Activity: The MRRC is conducting a demonstration of child appraisal techniques in School District X to show building administrators the desirable elements in a good appraisal program.

MRRC EVALUATION PLAN

EVALUATION TARGET	WHAT TO COLLECT	BY WHAT MEANS	FROM WHOM	WHEN
Objective #_____	# clients served	self-report	central office staff	prior to activity
Description:	staff time spent	post-test	state liaison	during activity
	$ spent	third party	SEA admin.	close of activity
	outcome units	quest'aire	IEA admin.	after 3 mos.
	staff narratives	comments	LEA admin.	after 6 mos.
	Change Data:	central office records	teacher	after 1 year
	student / attitudes	participant rosters	BEI	end of quarter
	teacher / observations	checklist	other state	end of year
	admin. / satisfaction		other federal	monthly
	system / obj. measures		participants	weekly
	Quarterly plans			
	annual plans			
Process:	travel req./reports			
	participant notes			
Content:	service agreements			
Impact:	baseline, follow-on data			
	participant satisfaction			
	on-job observations			
Date of Plan:_____				
Planner:_____				

Figure 3.

Worksheet: MRRC Impact Evaluation: A Conceptual Framework (Figure 4)

Using Figure 4, the activity, or service delivery mode, has been classified as a demonstration (Column 2), within the organization's workscope of Child Appraisal (Line 1). The target audience is administrators (Line A) and the purpose is to provide information (which would be written in the space where Demonstration, Child Appraisal, and A (administrators) intersect on the grid.

The results of this exercise is to simply show you - or anyone else - where within your work area this evaluation is focused.

Worksheet: Model Goal Statement (Figure 4)

The elements of this particular activity are circled in each column of choices, which then becomes a goal statement unique to this activity.

Worksheet: MRRC Evaluation Plan (Figure 4)

Under "Description", write the entire goal statement developed on the Goal Statement worksheet. This is the reference point for completing this

MRRC IMPACT EVALUATION: A CONCEPTUAL FRAMEWORK

(Service Delivery Modes)

Workscope Elements	*	Training	Demonstration	Technical Assistance	Information Dissemination
Child Appraisal	P A I S		INFORMATION		
Development of the IEP	P A I				
Placement					
Implementation of the IEP					
Evaluation Child Performance					
Review of the I					

MODEL GOAL STATEMENT:

To achieve: Improvement / **Gains**

in: Awareness / **Information** / Skills / Attitudes / Behavior / Academic skills / Motivation

on the part of: Parents / **Administrators** / Instructional staff / Supplementary staff

through: Training / **Demonstration** / Technical Assistance / Information Dissemination

activities, in the workscope area of: **Child Appraisal** / Development of the IEP / Placement / Implementation

MRRC EVALUATION PLAN

EVALUATION TARGET	WHAT TO COLLECT	BY WHAT MEANS	FROM WHOM	WHEN
Objective #_____	# clients served	self-report	central office staff	prior to activity
Description: To achieve gains in information on the part of administrators through demonstration activities, in the workscope area of Child Appraisal.	staff time spent	post-test	state liaison	during activity
	$ spent	third party	SEA admin.	close of activity
	outcome units	quest'aire	LEA admin.	after 3 mos.
	staff narratives	comments	LEA admin.	after 6 mos.
	Change Data:	central office records	teacher	after 1 year
	student / teacher / admin. / system — attitudes / observations / satisfaction / obj. measures	participant rosters	IEP	end of quarter
		checklist	other state	end of year
			other federal	monthly
	Quarterly plans		participants	weekly
	annual plans			
	travel req./reports			
	participant notes			
	service agreements			
	baseline, follow-on data			
	participant satisfaction			
	on-job observations			

Process:

Content: a.

Impact: b.

a, b.

FIGURE 4.

worksheet (whether Process, Content, or Impact) and the choices in the columns WHAT TO COLLECT, BY WHAT MEANS, FROM WHOM, and WHEN.

Figure 4 shows the three worksheets filled out, as a single facet of the evaluation of the demonstration example is pursued. The "Conceptual Framework" fragment shows that "Information" is the desired change, by "Demonstration", in "Child Appraisal", for "Administrators".

The Model Goal Statement simply shows this same information in statement form.

The Goal Statement has been transferred to the MRRC Evaluation Plan under "Description", and the rest of the plan has been developed in the following way:

In many activities, it is desirable to evaluate process, content, and impact, and it is probably also desirable to use separate "Plan" worksheets for each of these, since connecting circled choices with lines between the columns can become confusing and somewhat tangled, unless some method of distinguishing between the flow of choices across the page is made. The example shows a single facet (Content) being pursued, and, in this case, we have shown two ways of examining content on the same Plan, using the designators a. and b. to clarify the flow.

The column WHAT TO COLLECT shows that we have chosen to obtain baseline data, for later follow-up, by use of pre- and post-tests completed by the participants both before and after the demonstrations (line a.).

The Plan also shows that participant satisfaction with the demonstration will be solicited by a questionnaire completed by the participants at the close of the activity (line b.).

This completes the Plan - now your tasks become more specific: 1) construct, or locate, a suitable pre-test, and 2) develop a questionnaire to gather pertinent information from participants on their opinions of the content presented in the demonstration.

We are now at the point of incorporating into the data-gathering instruments just what we want to know to document the effectiveness of this demonstration.

IV. MODIFYING THE MODEL FOR OTHER SYSTEMS

The MRRC has a "workscope" set by the terms of its contract with USOE which limits its operation to six defined areas of work. Adapting this model to another workscope requires only the substitution of the other work areas in the left column of the conceptual grid, whatever delivery modes it may use along the top line of the grid, and its client groups in the * column. These new specifications are also substituted in the appropriate places in the Model Goal Statement. Use of the model remains the same as that described when using MRRC's workscope, delivery modes, and client groups.

An example (Figure 5) shows an adaptation of the conceptual framework to a fictional training program for the handicapped. The substitution of other Workscope Elements, Service Delivery Modes, and Target Populations is readily seen, and does not alter the method of using this model. However, expanded choices among the WHAT TO COLLECT, BY WHAT MEANS, FROM WHOM, and WHEN columns in the MRRC Evaluation Plan worksheet may be needed to fit this particular program content and client group. Figure 6 shows the modified Model Goal Statement to go with this new workscope.

MRRC IMPACT EVALUATION: A CONCEPTUAL FRAMEWORK

(Service Delivery Modes)

Workscope Elements	*	CLASSROOM INSTRUCTION Training	PEER INTERACTION Demonstration	PARENT INTERVENTION Technical Assistance	TUTORING/SUPERVISION Information, Dissemination
ACADEMIC SKILLS Child Appraisal Mi Mo S P	P A I S				
BEHAVIOR CONTROLS Development of the IEP	P A I S				
Placement SELF-HELP SKILLS	P A I S				
Implementation of the IEP- INDEPENDENT LIVING SKILLS	P A I S				
Evaluation of Child Performance	P A I S				
Review of the IEP	P A I S				

* Target Population: P = Parents
A = Administrators
I = Instructional staff/services
S = Supplementary staff

Mi = Mildly Handicapped
Mo = Moderate
S = Severe
P = Profound

Figure 5.

MODEL GOAL STATEMENT:

To achieve: Improvement Gains

in: ~~Awareness~~ ~~Information~~ ~~Skills~~ ~~Attitudes~~ ~~Behavior~~ ~~Academic skills~~ ~~Motivation~~ Skills Attitudes

on the part of: MILD ~~Parents~~ MODERATE ~~Administrators~~ SEVERE ~~Instructional staff~~ PROFOUND ~~Supplementary staff~~

through: CLASSROOM INSTRUC. ~~Training~~ PEER INTERACTION ~~Demonstration~~ PARENT INTERVENTION ~~Technical Assistance~~ TUTORING/SUPERVISION ~~Information~~ ~~Dissemination~~

activities, in the workscope area of: ACADEMIC SKILLS ~~Child Appraisal~~ BEHAVIOR CONTROLS ~~Development of the IEP~~ SELF-HELP SKILLS ~~Placement~~ INDEP. LIVING SKILLS ~~Implementation of the IEP~~ ~~Evaluation of child performance~~ ~~Review of the IEP~~

Figure 6.

V. SOME NOTES ON IMPACT EVALUATION

Once upon a time, program success or failure was based upon how well a certain process or activity was performed. The economy and efficiency of an organization's activities were the prime considerations. This focus on organizational performance measurement assumed the process would result in the desired outcomes.

As resources became more limited and the significant benefits of many programs were not evident after huge expenditures, the focus of program and policy evaluation turned to organizational outputs or accomplishments as the prime measure of performance. A popular label for this concept was impact evaluation.

Impact evaluation is intended to measure change. After an existing condition has been identified as in need of change, a process or activity occurs which is designed to reach the desired outcomes. Impact is the amount of change effected by the activity. As the outcome of an event, it answers the question, What specific difference was made?

Usually it is much easier to demonstrate that something was done, than to document that it made a difference. The IEM can help to capture the difference, or impact. The difficulty is in predicting what may be an infinite number of effects, distant in both time and place from the precipitating event. Cause and effect relationships often involve many variables. However, there are usually some obvious indicators of change that can be identified and measured. These should be the focus of impact evaluation. Of course, the more obscure information should not be ignored. Word of mouth, open-ended inquiries, and the like, may produce information which adds confirmation to the objective data. In combination with documented evidence, incidental information is legitimate and useful. Therefore, the evaluator must be alert for low-visibility impact evidence which increases the confidence in the measured results.

Techniques of gathering information include the use of data collection instruments, of which some examples are:

1. Tests
2. Observation scales
3. Questionnaires
4. Interview questions
5. Document review summaries
6. Staff reporting forms

and informal methods of documentation, such as casual observation, informal discussion, etc.

The IEM makes several assumptions which should be mentioned:

1. The existing condition can be identified and measured
2. Change is a desired outcome and can be justified
3. The amount of change desired can be described and anticipated
4. The impact information is necessary and will be used

Impact information should improve understanding by obtaining results. It is still important to be equitable, efficient and economical in designing and conducting evaluations of program activity. Impact evaluation simply states that the focus of an organization should be on its impact on the environment, not its internal processes.

APPENDIX:

Sample Forms

Master Forms

Regional Task Force Members

Bibliography

Sample Forms:

Activity Evaluations

SUMMARY: 26 Participants

EFFECTIVE MANAGEMENT OF THE IEP PROCESS

TOTAL CONFERENCE EVALUATION

Hyatt House, Des Moines, Iowa *April 17-18, 1978*

Please help us improve future conferences by completing this evaluation form. We appreciate your comments.

Conference Objectives:

Indicate the degree to which each objective was met.

1 2 3 4 5 6 7
Not Met *(EXAMPLE)* *Met*

1. The participants will become aware of studies that have been conducted on placement committee functions and how they are applicable to the placement process in the participants' school districts. — (Range) (Mean) *1 2 3 4 5 6 7*

2. The participants will become aware of studies that have been conducted on the development and implementation of IEPs and how they are applicable to the IEP functions in the participants' school districts. — *1 2 3 4 5 6 7*

3. The participants will demonstrate an understanding of techniques for evaluating a child's performance. — *1 2 3 4 5 6 7*

4. The participants will demonstrate an understanding of techniques for monitoring IEPs. — *1 2 3 4 5 6 7*

Please rate the overall conference using the following scale:

1 2 3 4 5 6 7
Very Low/Bad *Very High/Good*
(EXAMPLE)

1. Organization of conference. — *1 2 3 4 5 6 7*

2. Relevancy of information presented to your needs. — *1 2 3 4 5 6 7*

3. Resource packet. — *1 2 3 4 5 6 7*

4. Length of conference. — *1 2 3 4 5 6 7*

(Total)

5. Your interest in the conference. 1 2 3 4 5 6 7

6. Design of conference activities. 1 2 3 4 5 6 7

7. Materials table. 1 2 3 4 5 6 7

8. Conference accomodations: Meeting Rooms 1 2 3 4 5 6 7

Sleeping Rooms 1 2 3 4 5 6 7

Location 1 2 3 4 5 6 7

9. Overall I feel the conference was... 1 2 3 4 5 6 7

10. List the strengths of the conference.

(Responses to #9-11 listed separately)

11. List the weaknesses of the conference.

12. Was information <u>not</u> presented that you had hoped to acquire? Yes 5 No 7

If yes, what information?

ADDITIONAL COMMENTS:

Job Title/Position

Name (optional)

THANK YOU!

BOTH SPECIAL ED. AND GENERAL ED.
N=32

EVALUATION OF LOCAL IN-SERVICE FACILITATOR TRAINING

DIRECTIONS: Please circle the number on the five option continuum which indicates the intensity of your agreement or disagreement with each of the following statements:

EXAMPLE:

	Superintendents should do all their own clerical work.	Disagree	(1)	2	3	4	5	Agree

										Mean
1.	The objectives of the in-service session were clearly met.	Disagree	1 (1)	2	3 (8)	4 (16)	5 (7)	Agree		3.89
2.	The presentations level of the in-service session was adequate for my present level of knowledge of the subject.	Disagree	1 (2)	2 (4)	3 (7)	4 (11)	5 (8)	Agree		3.59
3.	Demonstrations were presented to enhance participation in the in-service session.	Disagree	1 (1)	2 (1)	3 (2)	4 (17)	5 (11)	Agree		4.12
4.	The location, surroundings, and accommodations were acceptable.	Disagree	1	2	3 (4)	4 (10)	5 (18)	Agree		4.44
5.	The materials and activities presented in the in-service session will be of value in my role.	Disagree	1	2 (3)	3 (3)	4 (14)	5 (12)	Agree		4.09
6.	I felt free to discuss and ask about any matter concerning the in-service content that I wished to pursue.	Disagree	1	2 (1)	3 (2)	4 (9)	5 (20)	Agree		4.50
7.	The in-service session covered approximately the amount of material I could absorb in the time allowed.	Disagree	1 (1)	2 (9)	3 (6)	4 (7)	5 (9)	Agree		3.44
8.	There was sufficient amount of discussion on the following:									
	a. Skills for teaching the handicapped.	Disagree	1 (6)	2 (7)	3 (11)	4 (6)	5 (2)	Agree		2.72
	b. Identification of the handicapped.	Disagree	1 (7)	2 (6)	3 (11)	4 (5)	5 (3)	Agree		2.72
	c. State and federal laws concerning handicapped students.	Disagree	1 (3)	2 (7)	3 (7)	4 (11)	5 (4)	Agree		3.18
	d. Delivery systems.	Disagree	1 (3)	2 (5)	3 (12)	4 (8)	5 (4)	Agree		3.15
	e. Available human and financial resources.	Disagree	1 (3)	2 (5)	3 (8)	4 (10)	5 (6)	Agree		3.35

(Taken from THE MILDLY HANDICAPPED: A SHARED RESPONSIBILITY, Iowa Dept. of Public Instruction; January, 1979)

Presentation Evaluation Form

Pierre, S.D.

The purpose of this form is to allow you to provide structured feedback to the presenter(s) concerning the presentation(s). Presenters are to be evaluated upon 1) clarity and adequacy of the presentation (form) and 2) understanding of the material (as evidenced by the presentation):

1. Name of the presenter: ____

2. Date of presentation: June 15, 1979 "modifying workshops"

3. Form of presentation:

   a. The presentation was:
   ( ) extremely well organized
   ( ) well organized
   ( ) adequately organized
   ( ) poorly organized
   ( ) extremely poorly organized

   b. The presentation was:
   ( ) very stimulating
   ( ) stimulating
   ( ) occasionally stimulating
   ( ) unstimulating
   ( ) very unstimulating

   c. The presenter could be clearly understood:
   ( ) agree strongly
   ( ) agree
   ( ) disagree
   ( ) disagree strongly

   d. The presenter was able to respond adequately to questions resulting from the presentation.
   ( ) agree strongly
   ( ) agree
   ( ) disagree
   ( ) disgree strongly

4. Understanding and synthesis:

   a. I feel that the presenter understood the material which his/her presentation covered.
   ( ) agree strongly
   ( ) agree
   ( ) disagree
   ( ) disagree strongly

   b. The presenter was able to make the material clear to me.
   ( ) agree strongly
   ( ) agree
   ( ) disagree
   ( ) disagree strongly

5. The most important points made in the presentation were as follows:

_____

_____

_____

_____

_____

_____

_____

_____

(over)

15

6. Please indicate a new activity or idea that you intend to implement or pursue, when you return to your job, that is related to this workshop.

_____

_____

_____

_____

_____

_____

_____

_____

7. I would give this presentation the following rating: _____

A	= 9-10	C	= 5-6
B	= 7-8	C	= 3-4

8. Please provide us with additional comments you might care to make concerning the style, form, and content of the presentation.

In past years, the public schools of Arkansas have organized classroom programs around the so-called "average" student. Students in these schools who had special learning problems were often overlooked educationally and socially.

As a result of recent changes in educational policy and legislation, the public schools of our State are now preparing to provide appropriate programs for every school age child.

In an effort to provide adequate and appropriate programs, appraisal guidelines have been established by the Arkansas State Department of Education, Special Education Section.

WHAT IS APPRAISAL?

Appraisal is the process of identifying specific educational, social, emotional, and physical strengths and weaknesses of a student.

WHY APPRAISAL?

Appraisal services are necessary in order to identify those students who have special needs, and to develop individual educational programs to meet those needs.

WHO IS REFERRED FOR APPRAISAL?

Typically, a student is referred for appraisal services when it is determined that the student is experiencing difficulty in the regular educational program of the school.

WHAT IS INCLUDED IN A COMPREHENSIVE APPRAISAL PROCESS?

The components of a comprehensive appraisal process should include all measures necessary to determine, as precisely as possible, those aspects that interfere with the student's ability to learn.

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Recommended minimum components of the comprehensive evaluation should include:

a. Measures of academic performance. (both formal and informal)
b. Measures of intellectual skills.
c. Measures of adaptive behavior and social function.
d. Language assessment.
e. Child history
f. Additional measures as indicated.

In addition to the minimum components, some handicapping conditions will warrant specialized evaluations.

Such specialized evaluations might include visual, audiological, neurological, and psychiatric assessment.

APPRAISAL SAFEGUARDS

In order to more fully understand the individual needs of each student, the appraisal should include information from the home, the school, and all other community sources that are appropriate.

All appraisal information should adhere to the confidentiality guidelines as established by the Arkansas State Board of Education

QUESTIONNAIRE FOR

"INDIVIDUAL COMPREHENSIVE EVALUATION"

1. Please rank from 1 (lowest) to 5 (highest) on each of the concerns below:

   a. General organization of the pamphlet 1 2 3 4 5

   b. Clarity of Information 1 2 3 4 5

   c. Relevance 1 2 3 4 5

   d. General Utility 1 2 3 4 5

2. Fill in the approximate numbers below.

   a. How many copies did you receive? _____

   b. Could you have used more, and if so, how many? _____

   c. About how many times have you referred to the pamphlet? _____

3. May we have your general comments about the pamphlet and its usefulness?

(Please tear off and mail to addres on reverse side)

QUESTIONNAIRE

Please answer the following questions regarding the handbook:

FOR PARENTS ONLY - PRACTICAL ADVICE
TO PARENTS ON SPECIAL EDUCATION
Midwest Regional Resource Center

1. How many times have you referred to the parent handbook? _____

2. How many others have you loaned the parent handbook to? _____

3. Have you duplicated all or any portions of the parent handbook?
_____ yes _____ no

   If yes, how many copies?_____

4. If duplicated, were any revisions made? _____ yes _____ no

   If yes, what were they? _____

   _____

   _____

5. What did you like most about the parent handbook?

   _____

   _____

   _____

6. What did you like least about the parent handbook?

   _____

   _____

   _____

The Midwest Regional Resource Center wishes to thank you for completing this survey and requests that all surveys be received at the following address by May 15, 1979:

Committee For Effective Parental Involvement
Midwest Regional Resource Center
Drake University
1332 26th Street
Des Moines, Iowa 50311

SR/fv

Sample Forms:

Baseline, Follow-Up Forms

Workshop Title:_____

Place:_____

Date:_____

Pre-Workshop Expectations

What would you like to see as an outcome of this conference?

☐ Improvement in the quality of IEPs

☐ Improvement in student achievement

☐ A decrease in the amount of time needed to write an IEP

☐ A decrease in the amount of "pain" involved in writing IEPs

☐ Other (Specify):_____

_____

_____

Name:_____

Mailing Address:_____

_____

_____

Workshop Title: ID&PP Facilitators

Place: AEA #12, Sioux City, IA

Date: May 18-19, 1978

Post-workshop Outcomes
~~Pre-Workshop-Expectations~~

What ~~would you like to see~~ actually occurred as an outcome of this conference?

☐ Improvement in the quality of IEPs

☐ Improvement in student achievement

☐ A decrease in the amount of time needed to write an IEP

☐ A decrease in the amount of "pain" involved in writing IEPs

☐ Other (Specify): _____

_____

_____

Name: _____

Mailing Address: _____

_____

_____

	Trainee	Pretest Score	Post-test Score	Score Gain	% Gain	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

SURVEY OF STATE SPECIAL EDUCATION STATUS

State: _____

I. Intrastate Program Development

A. Number of approved public school programs (self-contained classrooms, resource rooms, resource programs, etc.), by major category of handicap:

Handicap Category	October 1974	January 1977
1. Mentally Retarded		
2. Hearing Impaired		
3. Visually Handicapped		
4. Emotionally Disturbed		
5. Crippled (orthopedic)		
6. Other Health Impairments		
7. Learning Disability		
8. Multiple		
9. All other (not speech)		
TOTALS		

B. Specialty Personnel

1. Specialists in one or more handicapping condition(s) on state special education staff, excluding administrators and teachers, by handicap area:

Handicap Category*	October 1974	January 1977
1. Mentally Retarded		
2. Hearing Impaired		
3. Visually Handicapped		
4. Speech Impaired		
5. Emotionally Disturbed		
6. Crippled (orthopedic)		
7. Other Health Impairments		
8. Learning Disability		
9. Multiply Handicapped		
10. All Other		
TOTALS		

*If person has divided responsibilities, use fractional or decimal units, as; one speech and hearing person would be Hearing Impaired 1/2, Speech Impaired 1/2.

Sample Forms:

Impact Evaluations

SCHOOL DISTRICT COMPOSITE: 5 sites, 36 Respondents

FOLLOW-UP EVALUATION
IEP/LRE WORKSHOPS
SOUTH DAKOTA 1978-79

DIRECTIONS: Please take a few minutes to fill out this questionnaire, which refers to the IEP Workshop held at your district earlier in the school year. Your responses will assist us in improving our current inservice efforts and in developing programs in the future that better meet the needs of school districts.

PLEASE RETURN THIS WITHIN ONE WEEK TO YOUR SUPERINTENDENT

1. Have you found the workshop information to be accurate? (circle one)

(Mean) (Range)

highly 1 2 3 4 5 not at all

2. Did the workshop information help you implement the Least Restrictive Environment (LRE) concept?

very much 1 2 3 4 5 not at all

3. Did the workshop information help you write IEPs?

very much 1 2 3 4 5 not at all

4. Please rank the following components of the workshop as to their usefulness to you: (1=highest; 6=lowest)

(MEAN RANKING)

1 Provisions of P.L. 94-142 and South Dakota mandates for local district special education programs.

3 Information on the concept of Least Restrictive Environment (LRE).

2 Informal assessment techniques.

4 Writing goals and objectives.

6 Placement Committee activity.

5 Writing the IEP.

5. How many times have you used information from the workshop in implementing the Least Restrictive Environment concept?

none___ maybe once___ several times___ often___ TOTAL: 73

6. How many times have you used information from the workshop in writing IEPs?

none___ maybe once___ several times___ often___ TOTAL: 66

7. Did the information you received at the workshop?

14 Reduce anxiety about IEPs and the Least Restrictive Environment?

12 Increase concerns?

16 Make no noticeable difference?

___Other: _____

SELF-REPORT: USE OF ID&PP SKILLS

For identification purposes, please write in the last four digits of your social security number: #_____

Directions: At the end of each day, please indicate the number of times you have used the skills which are listed in the left column. By each number is the name of a module from Informal Diagnosis and Prescriptive Programming. Following the title is a brief question(s) which may help you determine if you have used the skills in placement staffings, annual reviews, IEP development sessions, meetings with teacher, in-service training, etc. Please complete this checklist at the end of each day for one week.

	MON	TUE	WED	THU	FRI
1. Define the Problem and Identify What Will Meet the Student's Needs: - Have you assisted someone in developing a written or verbal statement that globally defines the child's problem and identifies the types of information which need to be gathered about the child before a prescriptive program can be developed? (If yes, enter the number of times used on the line under the appropriate day.)					
	MON	TUE	WED	THU	FRI
2. Task Analysis: - Have you used task analysis as an informal diagnostic method? - Did you task analyze a worksheet, subtest, instructional material, etc. (mentally, or in writing)? - Did you use the task analysis method to determine the objectives a student would need to accomplish before meeting a stated goal? (If yes, enter the number of times used on the line under the appropriate day.)					
	MON	TUE	WED	THU	FRI
3. Error Pattern Analysis: - Have you completed an error pattern analysis of a worksheet or test a student has completed? (whether verbally, written or mentally) - Have you examined a variety of data and determined the pattern of errors a student is making? (Such as in a staffing situation) - Have you assisted a teacher in using error pattern analysis as an informal diagnostic method? (If yes, enter the number of times used on the line under the appropriate day.)					

INSTRUCTOR FEEDBACK

Benton County Model for Serving Handicapped Children

Beginning in September, 1975, The Arkansas Department of Education, through a grant from the Midwest Regional Resource Center, offered the Benton County Public Schools teacher assistance in individualized instructional programming for handicapped school children. This assistance included individual student assessment and program consultation by [redacted], and teacher inservice training in informal diagnosis and prescriptive programming. As a part of the evaluation of this demonstration effort, we would like you to assess the impact of this program upon you and your teaching. Please complete this questionnaire as fully and candidly as you can, and return it in the attached stamped and self-addressed envelope.

YOUR TEACHING SETTING:

Special class ☐; Resource Room ☐; Regular (graded) classroom: K-3 ☐, 4-8 ☐, 9-12 ☐.

Number of students Ms. [redacted] and you worked with _____; During what month(s)? _____

	YOUR RATINGS:
INDIVIDUAL STUDENT ASSISTANCE:	
1. Was Ms. [redacted]'s assistance to you:	
a. appropriate to your expressed needs?	1 2 3 4 5 (not … very)
b. useful in your teaching?	1 2 3 4 5 (not … very)
c. of high professional quality?	1 2 3 4 5 (low … high)
d. timely? (no long wait following referral)	1 2 3 4 5 (too late … prompt)
e. other? (write in) _____	1 2 3 4 5 (low(-) … (+)high)
INSERVICE TRAINING (Informal Diagnosis and Prescriptive Programming):	
1. Did you attend any of the ID&PP training sessions? _____	
2. How many days? ____. When? (month, year) _____	
3. Did you receive training as a ID&PP facilitator? _____	
(Please complete the section below if you received ANY of the above training)	
4. Did you feel the training was:	
a. appropriate to your needs?	1 2 3 4 5 (not … very)
b. effectively presented?	1 2 3 4 5 (not … very)
c. useful in your subsequent teaching?	1 2 3 4 5 (not … very)
5. How often have you used your ID&PP skills in the classroom?	1 2 3 4 5 (never … some … often)
a. How successful were they in helping student learning? ..	1 2 3 4 5 (not … very)
6. Do you feel additional training would be helpful to you? ____	
What kind of training? _____	
_____	

NAME (optional) _____

YOUR SCHOOL DISTRICT _____

TODAY'S DATE _____

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INDIVIDUAL PROGRAM PLAN SERVICE OPINIONAIRE

I.D. _____ / _____ / _____

1. To what extent were you able to implement the Individual Program Plans developed for this concern?

completely / mostly / partially / minimal / none

2. Teacher's impression of student (s) change;

(Immediately)
very negative / negative / no change / positive / very positive

(Long term)
very negative / negative / no change / positive / very positive

3. Has the help you received for this concern been useful with other students?

very helpful / helpful / very little help / no help

4. In which of the following areas did you receive training for this concern?

Diagnosis
- Testing ____
- Observation ____
- Records ____
- Interview ____
- Environmental Analysis ____
- Task Analysis ____
- Process Analysis ____
- Output Analysis ____

Treatment
- Using Other Resource People ____
- Scheduling Classroom Time ____

Treatment (continued)
- Grouping ____
- Understanding the Student ____
- Aims (goals, objectives) ____
- Analysis & Design of Treatment Activities ____
- Media (Analysis & Retrieval) ____
- Learning Centers ____
- Evaluation of Treatment Activities ____
- Evaluation of Treatment Objectivities ____
- Instruction ____

Other (explain) _____

5. For this concern, do you feel that the Individual Program Plan has been helpful as a resource?

very helpful / helpful / very little help / no help

6. For this concern were there areas in which you would have liked assistance from the planner, but were unable to obtain it? NO _____ YES _____

If yes, briefly explain:

INDIVIDUAL PROGRAM PLAN SERVICE OPINIONAIRE

I.D. _____ / _____ / _____

1. To what extent were you able to support rcommendations developed for this concern?

completely / mostly / partially / minimal / none

2. Parent's impression of student(s) change;

(Immediately)
very negative / negative / no change / positive / very positive

(Long Term)
very negative / negative / no change / positive / very positive

3. Has the help you received for this concern been useful at home?

very helpful / helpful / very little help / no help

4. In what areas were you helped the most? Please list them.

5. Were the recommendations helpful to you as a parent?

very helpful / helpful / very little help / no help

6. For this concern were there areas in which you would have liked assistance from the team, but were unable to obtain it? NO_____ YES_____

If yes, briefly explain

Rating CORRC
FY '76 Efforts

PLEASE CIRCLE APPROPRIATE SCALE #

Accountability Services	Inappropriate to Respond	VALUE			PERFORMANCE		
		Negative	Neutral	Positive	Negative	Neutral	Positve
25. RRC summary quarterly reports and cumulative reports (e.g., revised report for FY '74, reports for FY '75 and first and second quarterly reports for FY '76).	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
26. RRC director orientation session on AIS (session conducted in New York by Ken Olsen at which time the AIS "menu" was disseminated).	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
27. CORRC AIS implementor's manual for RRCs.	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
28. RRC and ALRC Accountability and administration committee sessions (Atlanta, D.C., Denver and conference calls).	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
29. Direct service progress reports (e.g., close out of CORRC direct service funds, dissemination of direct service funds user's manual, etc.)	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
30. Documents produced with A/A committee (e.g., Guidelines for RRC/CORRC FY '76 Quarterly Reporting; Guidelines for RRC Impact Measurement and Examples of RRC/CORRC Impact; Accountability Information: Developmental History, Current Status and Recommendations; Guidelines for CORRC Preparation of Summary Reports in FY '76, RRC Workscope Elaboration and Summary Outcome Units, 2nd Ed.	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
31. New agreements with RRCs for CORRC AIS services (e.g., agreements which define the reference documents, training and data preparation services to be provided).	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		
32. AIS training sessions for RRCs (e.g., visits by CORRC staff to RRCs for training purposes).	☐	-2 -1 0 +1 +2			-2 -1 0 +1 +2		

Master Forms

(Duplicate for Use)

MRRC IMPACT EVALUATION: A CONCEPTUAL FRAMEWORK

(Service Delivery Modes)

Workscope Elements	*	Training	Demonstration	Technical Assistance	Information, Dissemination
Child Appraisal	P				
	A				
	I				
	S				
Development of the IEP	P				
	A				
	I				
	S				
Placement	P				
	A				
	I				
	S				
Implementation of the IEP	P				
	A				
	I				
	S				
Evaluation of Child Performance	P				
	A				
	I				
	S				
Review of the IEP	P				
	A				
	I				
	S				

* Target Population: P = Parents
A = Administrators
I = Instructional staff/services
S = Supplementary staff

MODEL GOAL STATEMENT:

To achieve:	Improvement Gains	in:	Awareness Information Skills Attitudes Behavior Academic skills Motivation

on the part of:	Parents Administrators Instructional staff Supplementary staff	through:	Training Demonstration Technical Assistance Information Dissemination

activities, in the workscope area of:	Child Appraisal Development of the IEP Placement Implementation of the IEP Evaluation of child performance Review of the IEP

MRRC EVALUATION PLAN

EVALUATION TARGET	WHAT TO COLLECT	BY WHAT MEANS	FROM WHOM	WHEN
Objective #_____	# clients served	self-report	central office staff	prior to activity
Description:	staff time spent	post-test	state liaison	during activity
	$ spent	third party	SEA admin.	close of activity
	outcome units	quest'aire	IEA admin.	after 3 mos.
	staff narratives	comments	LEA admin.	after 6 mos.
	Change Data:	central office records	teacher	after 1 year
	student / attitudes	participant rosters	BEH	end of quarter
	teacher / observations	checklist	other state	end of year
	admin. / satisfaction		other federal	monthly
	system / obj. measures		participants	weekly
	Quarterly plans			
	annual plans			
Process:	travel req./reports			
Content:	participant notes			
Impact:	service agreements			
	baseline, follow-on data			
	participant satisfaction			
	on-job observations			

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Date of Plan:_____

Planner:_____

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Bibliography

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